

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

ARK PUBLIC SERVICE COMM AUDIT SECTION

NAME France Telecom Corporate Solutions L.L.C.

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 13775 McLearen Rd., MS 1100, Oak Hill, VA 20171

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY #_______03-202-U

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

LETTER OF TRANSMITTAL

To:

Arkansas Public Service Commission

Post Office Box Little Rock, Ark	ansas 72203-0400	
Submitted herewith is the annual re	port covering the operation of	France Telecom Corporate Solutions L.L.C.
	, Oak Hill, VA 20171 for the year end	ding December 31, 2016. This report is submitted in
(Location) accordance with Section 51 of Act 3	324 of the 1935 Acts of Arkansas.	
	ully examined by me, and I have exe	cuted the verification given below.
		(d)
	_	(Signature)
		Treasurer
	-	(Title)

	VERIFICATION	
STATE OF Virginia	\	
STATE OF Virginia)) ss.	
COUNTY OF Fairfax)	
I, the undersigned,		man, Treasurer of the eand Title)
France Telecom Corporate S	· ·	say that the following report has
the same, and declare the same a c each and every matter and thing se deductions were made before statin	complete and correct statement of the total to the total to the best of my knowledge, it	ecords of said utility: that I have carefully examined be business and affairs of said utility in respect to information, and belief; and I further say that no unts and figures contained in the foregoing report.
		(A)w
		(Signature)2
Subscribed and sworn to before me	this 5 TH	
day of	April	
My Commission Expires	May 31, 2019	
FOR THE YEAR ENDING DECEMBER	31, 2016	
SHIRLEY Z. THOMAS Notary Public	_	Shirt Shoma (Signature of Notary)
Commonwealth of Virginia		9
4098833 My Commission Expires May 31, 3	2019	

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

- Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
- The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
- 3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
- Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
- Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
- 6 This report will be scanned in. Please bind with clips only,
- Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
- In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
- 9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
- 10 Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
- 11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:				
Name Joe Topel	Title Regulatory Manager			
Address 13775 McLearen Rd., MS 1100, Oak	K Hill, VA 20171			
Telephone Number 703-375-7323				
E-Mail joe.topel@orange.com				
Give the name, address, telephone number and e-mail address of the resident agent:				
Name Corporation Service Company Telephone Number Unlisted Number				
Address 300 S. Spring Street, Suite 900, Little Rock, AR 72201				
E-Mail N/A				

IDENTITY OF RESPONDENT

١.	word "The" only when it is part of the name:
	France Telecom Corporate Solutions L.L.C.
2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:
	(a) N/A (b) 13775 McLearen Rd., MS 1100 Oak Hill, VA 20171-3212
3.	Indicate by an \mathbf{x} in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.
	(a) () Electric, () Gas, () Water, (x) Telephone, () Other
	(b) () Proprietorship, () Partnership, () Joint Stock Association, () Corporation, (x) Other (describe below): Limited Liability Company
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.
	(a) November 28, 2001
	(b) Orange Participations Holding, Inc. 100%
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:
	(a) Not Applicable
	(b)
	(c)
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:
	Respondent did not conduct business within the state of Arkansas under any name other than that shown in response to inquiry No 1 above.
7.	State whether respondent is a consolidated or merged company. If so, (a) give date and authority

for each consolidation or merger, (b) name all constituent and merged companies, and (c) give like

particulars as required of the respondent in inquiry No. 5 above:

	(a)	Not Applicable	
	(b)		
	(c)		
8.	(b) the	te whether respondent is a reorganized company. If so, give (a) name of original corporation, date of reorganization, (c) reference to the laws under which it was reorganized and (d) state occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, ng full particulars.	
NG DEC	(a)	Not Applicable	
	(b)		
	(c)		
	(d)		
9.		s respondent subject to a receivership or other trust at any time during the year? o, state:	No
	(a)	Name of receiver or trustee:	
	(b)	Name of beneficiary or beneficiaries for whom trust was maintained:	
	(c)	Purpose of the trust:	
	(d)	Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1)(2)	
10.		the respondent act in any of the capacities listed in Paragraph (a) below during the tyear?No If so,	
	(a)	Indicate the applicable one by an X in the proper space;	
		() Guarantor,() Principalobligor to a surety contract,() Principalobligor to a guaranty contract.	
	(b)	Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.	

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term	
Name of Director	Office Address	Beginning	End
Thomas McGowan LLC Manager	Orange Business Services, 10 East 40th St, 11th Floor, New York, NY 10016	9/2/08	No expiration
Francois Guyonnet LLC Manager	Orange Business Services, 10 East 40th St, 11th Floor, New York, NY 10016	9/2/08	No expiration

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
Treasurer Secretary	Neomi Groman David Newman	13775 McLearen Road Mail Stop 1100 Oak Hill, VA 20171-3212
Chief Financial Officer	Julie Maniez	Orange Business Services 100 Galleria Parkway, SE Suite 300 Atlanta, GA 30339

GROSS ASSESSABLE REVENUES		
Description	Amount	
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$2,268	

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	Zero
Business	8
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	8
PBX Access Lines	Zero
Coin or Credit Card Paystation Access Lines	Zero
Company Official Access Lines (Numbers)	Zero
TOTAL ACCESS LINES	8

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

LLC Manager

COMPANY CONTACTS

Company Information			
Company Name France Telecom Corporate Solutions L.L.C.			
dba	N/A		
Official Mailing Address 13775 McLearen Rd., Mail Stop 1100 Oak Hill, VA 20171-3212			
Mailing Address for APSC Annual Assessment Invoice	13775 McLearen Rd., Mail Stop 1100 Oak Hill, VA 20171-3212		

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	Joe Topel	703-375-7323	703-925-4712	joe.topel@orange.com
APSC Annual Assessment	Joe Topel	703-375-7323	703-925-4712	joe.topel@orange.com
Tariffs	Joe Topel	703-375-7323	703-925-4712	joe.topel@orange.com
Property Taxes	Shirley Thomas	703-375-7318	703-925-4715	shirley.thomas@orange.com
Regulatory Affairs	Joe Topel	703-375-7323	703-925-4712	ioe.topel@orange.com

Please list the number of utility employees located in Arkansas

ZERO